

ISSUE SLIP STAPLE AREA (for additional cross references)

09/842894

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	K.A.		04/30/01
O.I.P.E. CLASSIFIER		10	5-15-01
FORMALITY REVIEW	Sc	55	6/19/01
RESPONSE FORMALITY REVIEW	CK	1109	11-13-01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	04/30/01
2	04/30/01
3	04/30/01
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50	04/30/01

Claim	Date
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BEST AVAILABLE COPY

C.C.  
06-19-01  
617  
12-13-01

If more than 150 claims or 10 actions  
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